

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination 12 / 29 / 2014		
Mailing Address 434 West 33rd Street			Amount 18.70		
City State Zip Code New York NY 10001		Transaction ID : B538294 Date of Disbursement or Obligation 12 / 29 / 2014			
Purpose of Expenditure Payment for independent expenditure originally reported on Post-General Rpt. See Schedule D		Category/Type 004			
Name of Federal Candidate Thom Tillis			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1876421.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination 12 / 29 / 2014		
Mailing Address 434 West 33rd Street			Amount 18.70		
City State Zip Code New York NY 10001		Transaction ID : B538295 Date of Disbursement or Obligation 12 / 29 / 2014			
Purpose of Expenditure Payment for independent expenditure originally reported on Post-General Rpt. See Schedule D		Category/Type 004			
Name of Federal Candidate Kay Hagan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1876421.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			4119.79		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Liz Gustafson</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 03 / 04 / 2015		